Ovarian Serous Cystadenoma, Torsion, Salpingitis and Schistosomiasis in a Nigerian. Case Report

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Abstract
The rural woman in a developing country bears the family’s load. The recourse when sickness strikes is to a rural hospital, especially a Missionary one. This case illustrates the enormity of the possible diseases, the combination here being ovarian serous cystadenoma, torsion and pyogenic salpingitis with schistosomiasis. Salpingo ophorectomy led to uneventful recovery.

Keywords: Abdominal pain; Ovary; Torsion; Salpingitis; Schistosomiasis; Missionary Hospital; Operation; Uneventful recovery; Nigeria

Introduction
Of late years, the British scene was clouded by those disparaging histology reports required by distant hospitals [1]. Elsewhere [2], one of us examined the falsity of this issue with reference to the developing community known as the Igbos of Nigeria [3]. Accordingly, a case is presented showing the variety of the abdominal conditions met in a young woman for whom salpingo ophorectomy was the answer from the junior author (DT) in the hinterland Mater Hospital, Afikpo. The interconnected etiologic elements were unraveled by the senior author (WO) at a Reference Pathology Laboratory situated in the Capital City, Enugu, Nigeria.

Case Report
EC, a 25-year-old para 1 patient, came to Mater Hospital, Afikpo. Menses was normal. She was experiencing severe abdominal pain and constipation for 3 days running. On examination by the junior author (DT), this revealed a tender mass in the left iliac fossa. Hence, acute abdomen due to organ torsion was diagnosed. Laparotomy revealed both torsion and infection. Peritonitis was apparent and the omentum was adherent in the pelvis. The enlarged torse left ovary was situated in the Pouch of Douglas. The uterus appeared normal. Therefore, salpingo ophorectomy was performed. Her recovery was uneventful.

The specimens were examined at the Reference Pathology Laboratory at Enugu, the Regional Capital City. In the main, there was a 14 x 10 x 5cm cystic mass, which was largely smooth surfaced and was attached to a 2.5cm tube measuring 10cm long. This tube was distended in parts with gelatinous and greenish purulent looking matter. On section, the cyst contained watery brownish fluid. Its wall was paper thin for the most part. Microscopy revealed serous cystadenoma, acute salpingitis and the ovarian typical ova of Schistosoma haematobium. See Figure 1.

Discussion
The serous cystadenoma is an interesting lesion of the ovary [4]. It has been viewed from such angles as hugeness in not only an adolescent girl [5] and a young woman [6] but also in a postmenopausal woman [7]. Its striking associations have been

Figure 1: Section showing terminal spine of the Schistosoma haemorrhagica egg with foreign body giant cell nearby.
recorded with fibrothecoma [8], fibroma [9], and contralateral ovary which was torsed [10].

The above cases were reported from India, Turkey and Iran. Therefore, our case stands out from Nigeria in exhibiting the combination with not only torsion and salpingitis but also schistosomiasis. This particular worm infestation has been reported locally as regards the appendix [11] and urinary bladder [12,13].

Conclusion

Our case merits documentation as regards ovarian serous cystadenoma and its associated lesions. However, concerning the advancing edge of science, it suffices to exemplify with molecular genetic analysis [14].

On a mundane note, this paper exemplifies the work done by Missionary Physicians in the hinterlands of a developing community. In this context, co-authorship was affected earlier concerning such topics as schistosomiasis in ovarian thecoma [15], carcinoma-in-situ of the vagina [16], uterine procidentia [17], and abdominal paragonimiasis [18].

In the final analysis, Birmingham (UK) authors emphasized that the establishment of a histopathology data pool facilitates epidemiological analysis [19]. Their concept was verified in the present paper which depended on such a data pool in a developing community.

References


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